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OVARIAN TUMOR SIMULATING PREGNANCY.

[Read before the Boston Society for Medical Improvement, and communicated for the Boston Medical and Surgical Journal.]

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THE subject that I bring before the Society is a hackneyed one; the case I relate perhaps not singular; yet I hope the narration of the one, and the consideration of the other, in regard to points of diagnosis, may not be wholly devoid of interest to the members.

Mrs. J., of Hanover, Mass., æt. 24 years, mother of one child, in April last perceived a deterioration of her general health. In May, she felt certain that she was pregnant. Vomiting came on, but ceased toward the last of that month for a fortnight, recommenced about the 8th or 10th of June, continued off and on through the month, again ceased so that she was able to ride out, recommenced toward the last of July, and continued without cessation day or night until the 28th of October. The vomiting was not more marked at one period of the day than another. The patient was confined to the bed most of the time. All food and stimulants were rejected, except molasses and water. The remedies best borne were calomel and occasional effervescing draughts. The menstrual periods were regularly observed until September. Sometimes the discharge was very scanty, a mere show, and was not regarded by the patient as militating against the fact of pregnancy. Occasional pains were complained of in the back and abdomen every third or sixth day for some months. Thirst was not urgent. No tendency to œdema of the lower extremities. Mrs. J. increased so rapidly in size that at the end of the fifth month, she was much larger than a woman commonly is at the ninth month. No motion had been felt. Urine was freely passed, but was rather scanty. Dyspnœa was not marked, spite of the great size of the abdomen. In the latter part of the month of October, I met Dr. Underwood, of East Abington, the attending physician, in regard to Mrs. J.'s case.

On entering the room, I found the patient in bed, moaning at in-

tervals like a woman in labor, her mother sitting on the bed supporting her back, adding still more to the resemblance. On my inquiring how long she had suffered these pains, she said for three or four days, but that she had mitigated their severity by morphine. She referred them to the left side and back. On external examination, Mrs. J. seemed very much emaciated, the arms and lower limbs very thin indeed, and without the least trace of œdema. The abdomen very large, with shining skin, but no enlarged veins noticed. The umbilicus not protruding. The tumefaction of the belly reached fully to the ensiform cartilage; fluctuation very evident. The form of the belly was completely that of pregnancy. On internal examination, the cervix uteri appeared in a normal condition, the os uteri directed backward. Placing the forefinger of one hand at the roof the vagina, and striking the belly with the other, fluctuation was distinctly recognized. Directly below the pubis a hard body was felt. On examination by the rectum, no trace of the uterus could be found; it would have been readily perceived had the uterus been in a normal state and situation. A catheter was easily passed into the bladder—very little urine. No hardness or irregularity to be felt in the abdomen. Upon auscultation with a Camman's stethoscope, no placental souffle could be heard, but I *thought* I heard the fœtal heart at the right side.

From these facts the diagnosis was to be made. 1st. Was it dropsy—simple ascites? In opposition to this was, 1st, the form of the belly, which was flattened at the sides, the reverse being true in dropsy. 2dly, The absence of œdema of the legs. This is, according to Cazeaux, a strong point in diagnosis. 3dly, The fluctuation, although decidedly present, gave me the idea of but a small quantity of liquid being contained in the cavity of the peritoneum. 4thly, The state of the umbilicus. This was not protruded, and especially not thinned, as should be the case in simple ascites. 5thly, The finger, thrust suddenly into the umbilicus, came down upon a solid tumor, like the fundus of the uterus. 6thly, The absence of thirst. Was it a uterine or ovarian tumor? The brief time for such a growth, at once forbade the idea of a uterine tumor; the same argument seemed to me to apply to an ovarian disease. The presence and persistence of vomiting was not, in my own mind, in accordance with the presence of a cyst, and no irregularity or hardness was present to give weight to the idea.

Was it pregnancy? Opposed to this was the state of the os and cervix uteri, the absence of the placental souffle, and also the absence of motion. In favor of pregnancy was, 1st, The belief of the patient herself. 2d, The evident presence of a tumor having the form of the gravid uterus. 3d, The impossibility of detecting the uterus by a rectal examination; it might be presumed by the fundus having risen and become expanded. 4th, The supposed sound of the fœtal heart—the absence or presence of the placental souffle being no argument for or against. Motion was absent,

it is true, but motion is not always felt in pregnancy, even when the fœtus is born alive. 5th, The presence and continuance of vomiting. 6th, The pains felt by the patient. Looking at all these facts, the impression on my own mind was that pregnancy existed, but that an enormous quantity of liquid was contained within the uterus. In a word, I supposed it might be a case of dropsy of the amnion. It was agreed to decide the question by the use of the uterine sound. Simpson's sound was obtained; but, the patient being placed on her back, by no effort or management could it be passed beyond the os uteri.

It was now determined to seek another opinion, and, on the 28th of October, Dr. Walter Channing saw the case with us. Dr. C. first directed his attention to auscultation of the abdomen, but heard only the beating of the aorta. In reply to a question put by Dr. C., the patient said the pains she felt were like labor pains. Placing the patient on her left side, close to the edge of the bed, Dr. C. made a vaginal examination, and at once noticed the hard body directly beneath the pubis, questioning whether it was the bladder. From the direction of the os uteri, he thought it very doubtful if a Simpson's sound would pass, but, selecting a Valleix's sound, thin and flat, and, carrying the handle very far back toward the rectum, he passed it to the fundus of the uterus, the latter being of the usual depth. The uterus was in a complete state of anteversion, the sound lying almost horizontally. The body beneath the pubis was the fundus of the uterus. The patient was now turned upon the right side, and a large trocar passed through the linea alba. A gummy fluid came slowly through the canula; a sound was then passed into the canula, when masses resembling soft soap passed slowly out, and all exclaimed, an ovarian cyst!—unilocular. Very slowly about eight quarts of liquid were withdrawn.

After tapping: 1st day, she was very comfortable, felt well. Appetite returned. 2d day, remained comfortable. 3d day, vomiting re-commenced. No appetite. A little tenderness over the bowels. Pulse 100, and small. 4th day, countenance altered—anxious. Vomiting continued until Saturday, the 12th of November, when she died without a struggle. Fluid began to be noticed in the sac on the fourth day after tapping, and at the time of death appeared to be in as large quantity as when paracentesis was performed. No autopsy was permitted, although strenuously urged.

The use of a Valleix sound by Dr. Channing at once settled the question of pregnancy. The passage of the trocar decided the disease to be ovarian dropsy. The opinion given by myself that the case was not one of ordinary ascites, and that the quantity of liquid within the peritoneum was very small, but that the bulk of the liquid was within the tumor, uterus or sac, was justified by the tapping.

The sources of error were these:—1st, I had no knowledge of an ovarian tumor acquiring so large a size in so short a time, viz., five months. I now find that Robert Lee, in his work on Ovarian and Uterine Diseases, gives three cases, his 49th, 121st, and 127th, where the cyst obtained a sufficient size to render tapping necessary, the first in six months, the second in seven months, and the third in eight months.

The second source of error, was from not finding the uterus by a rectal examination. I was not aware that ovarian disease ever produced so great a degree of anteversion as was present in this case. I find no allusion to its having existed in so marked a degree in Lee's works. The only work which I have found to contain a word in regard to it, is Simpson's volume, page 199. In his diagnosis of retroversion from ovarian tumors, he says:—"When the ovary enlarges from multilocular degeneration or other causes, it almost always first grows downward into the space lying between the back wall of the uterus and the anterior wall of the rectum. In its enlargement it almost invariably pushes the uterus anteriorly and before it, and this relative position of the uterus to ovarian tumors is often an important matter in the uterine diagnosis of ovarian disease in its latter and more advanced stages." But the author obscures the whole by saying in the same breath, "the os uteri is generally displaced forward," and that "the uterine bougie shows the uterus in its normal position." Dr. Simpson further adds, that "if positive evidence is required, we may obtain it by a fine exploring needle." We will presently see the opinion of Dr. Lee on this point.

3d, It may be said that in this case the state of the cervix uteri was enough to show that pregnancy did not exist. Dr. Lee thinks that too much dependence should not be placed on this sign. In his 112th and 154th cases, he states that the cervix was obliterated, as in pregnancy, and in the 168th could not be felt.

4th, It was supposed that the fœtal heart was heard. This was a grave error, and arose partly from want of practice and partly from the use of the double stethoscope, which gives the sounds of the aorta, the iliacs, and possibly other vessels with too great clearness. It has been stated that the placental souffle was not heard; had it been, it would not, according to Dr. Simpson, have been a complete proof of pregnancy, for he considers the existence of a souffle to be a grand point of distinction between ovarian disease and fibrous tumors, being heard in the latter when large, but never in the former.

5th, The exceeding and long-continued nausea and vomiting was a source of error. But I find in Dr. Lee's work that vomiting was present in his 1st, 6th, 36th, 38th, 90th, 96th, 120th, and 144th cases. In the 90th case, he says that there was vomiting every morning on rising. In the 120th, it was incessant. In the 144th case, morning sickness. In one case, 32d, there was milk in the

breasts. Concerning the protrusion of the umbilicus, Dr. Lee says that it is always protruded. I do not think it is, unless the distension is very great or ascites complicates it. Dr. Lee declares that in the diagnosis between ovarian disease and pregnancy, nothing in regard to the protrusion of the umbilicus is of service. With all humility, I think there is a difference. When the protrusion occurs in ovarian disease, it depends mostly on ascites, and then the umbilicus is thinner than in pregnancy. In ovarian disease, the sac is more distinctly felt through the umbilicus than it can be through the walls of the abdomen.

Conclusions.—In ovarian disease, the unimpregnated uterus may be retroverted, anteverted, or flexed in any direction, according to the weight of the mass, and the direction in which it is pushing. The state of the os and cervix uteri is no sure criterion, as the cervix may be obliterated, and the os soft and open. The fact of the fœtal heart not being heard, does not render it certain that pregnancy does not exist. The placental souffle may be heard in cases of fibrous tumors, as well as in pregnancy. Ballottement may be felt, and yet the case be one of ovarian disease, as proved by Dr. Storer's case, recently published. Morning sickness and persistent vomiting occur in ovarian disease as well as in pregnancy. The state of the breasts affords no unfailing guide. We have seen that milk has been secreted in ovarian disease. With the exception of motion felt by the *observer*, (for in Lee's 1st and 18th cases, motion was distinctly felt by the patient, although ovarian disease and not pregnancy existed,) and the fœtal heart distinctly heard, there seems, in cases of unilocular cysts, and also in cases of more than one tumor, no means of diagnosis as certain and satisfactory as the use of the uterine sound. It might be objected that if pregnancy exist we should bring on abortion. To this it is replied that the period when the distinction is required to be made, is when the distention of the abdomen has become excessive, or other symptoms are equally urgent, and in such cases the production of labor, supposing pregnancy to exist, would be the most powerful remedial measure we could employ, and one perfectly justifiable. And yet Dr. Lee thus speaks of the use of the uterine sound:—"I have seen this useless and dangerous weapon on various occasions employed by those who are accustomed to its frequent use, and I never, in a single instance, observed any information derived from it, and on several occasions it has led to the commission of gross errors." No doubt in inexperienced and reckless hands it is a "dangerous weapon," and ought to be employed only by conscientious persons and those thoroughly acquainted with the anatomy of the parts.

Dr. S. L. Abbot, of Boston, has suggested that the gum-elastic bougie might sometimes advantageously supply the place of the metallic instrument. In regard to the use of the exploring needle, mentioned by Dr. Simpson as a means of diagnosis, I give an

abstract of two cases narrated by Dr. Lee, in which this instrument was used with fatal effect.

Case CXII.—"Mrs. ———, aged 36, has had several miscarriages. Not pregnant during the last six years. Menses regular. On examination, I found the uterus, the size of a small melon, harder than natural, cervix obliterated, orifice flat, lips smooth." Dr. Lee suspected the presence of one or more fibrous tumors embedded within the posterior walls of the uterus. Two other practitioners gave the same opinion. A third thought it an ovarian tumor adhering to the body of the uterus. All recommended the greatest quiet. "The tumor, at the end of many months had not increased, and was the source of little inconvenience. She was persuaded to seek the opinion of a fifth practitioner, who resided at a considerable distance from London, and who professed to possess a profound knowledge of uterine pathology and diagnostics. After using the *uterine poker*, and dislocating the uterus, as it was termed, while she was insensible, he gave the opinion that the enlargement was produced by a fibrous tumor, within the cavity of the uterus, or near the lining membrane. Violent and long-continued efforts were then made to dilate the os and cervix uteri, with sponge tents, while she was in a state of insensibility. When the dilatation had been effected, it was found that there was no tumor within the cavity of the uterus to remove. A long slender trochar was then thrust through the posterior wall of the vagina or neck of the uterus, in the direction of the tumor, while she was stupefied with chloroform. This was represented to be a harmless and justifiable proceeding, and one which he had often had recourse to. A few drops of bloody fluid escaped through the canula, and then the diagnosis was rendered perfect: it was declared to be an ovarian, and not an uterine tumor. The lady speedily died from peritonitis. No inquest was held, and no history of the case has hitherto been published."

In his Tenth case, under the head of Uterine Polypi, he says:—"The grooved needle perforated the anterior wall of the vagina, then passed on, between the neck of the uterus and bladder, to the body of the organ where the tumor was situated, and afterward traversed the anterior wall of the uterus." Death resulted.

Errors of Diagnosis.—It is said that on one occasion Mr. John Hunter tapped the urinary bladder, thinking it an ovarian cyst. In 1823, J. Lizars, Esq., of Edinburgh, made a long incision for the removal of an ovarian cyst. No cyst was found—the enlargement was produced by obesity and distention of the intestines. In 1829, an English surgeon made an incision six inches long, for the same purpose. It was then discovered that there was no tumor, but only flatulence and fat.

CASE OF REMOVAL OF HALF OF THE LOWER JAW.

[Read before the Boston Society for Medical Improvement, and communicated for the Boston Medical and Surgical Journal.]

BY J. MASON WARREN, M.D.

James W., 56 years of age, applied to me in the early part of September, 1859, for a tumor about the size of a hen's egg, occupying the angle and horizontal part of the right side of the lower jaw. The disease had commenced twelve years previously, with a numbness in the jaw, followed by swelling; it went on gradually for two or three years, during which the three posterior teeth were removed. About three years since, the pain became excessive, when an opening was made into it with a lancet, and a discharge of fluid took place, attended with considerable relief.

When he presented himself, the outlines of the jaw had disappeared, and the place was occupied by a smooth, round, shell-like tumor, which extended from the canine tooth backward, rising a little upon the ramus of the jaw. The tumor projected inward, pressing upon the tongue, lifting up the palate, and obstructing about one third of the aperture of the posterior fauces. The health of the patient was pretty good, and the principal inconvenience given to him by the tumor arose from the obstruction to deglutition, and the affection of the voice; it was also the seat of more or less uneasiness. The disease thus far did not seem to have broken out, and invaded the soft parts.

There appeared, therefore, to be no question as to the propriety of its removal by operation; the only doubt was, whether to remove the jaw at the articulation, or saw off the bone just below. As it was doubtful, however, whether the disease might not extend out of sight nearly up to the articulation, as it appeared to do on looking at it from within the mouth, added to the advice given by some distinguished surgeons, that it is always better to remove the bone at the articulation, on account of the remaining portion being dragged forward by the temporal and pterygoid muscles, thus causing much irritation in the flesh, I decided on the following method of procedure, although I should not put much weight in the latter objection, not having found it to hold good in practice, and there being always more or less danger, in disarticulating the bone, of dividing the facial nerve and producing paralysis of the face. I was therefore principally governed by the apparent extent of the disease.

The patient being fully etherized, an incision was made through the skin, commencing just in front of the articulation and half an inch below the zygoma, which was carried with a semi-circular sweep backward round over the tumor, skimming lightly over the facial artery, and terminating upon the chin, about an inch and a half from the lip, opposite the second incisor tooth. The flap was now partially dissected up, and the facial artery cut and tied, in

the way I had proposed before the operation. The dissection was then commenced more freely, when the facial artery, which had been lifted near its origin by the tumor, was cut again, although the incisions were not carried any further below than previously. The blood at once spouted out with such force as to completely fill my eyes, and obscure the operation. I mention this fact to show, how the best concerted plan may be frustrated by the anatomical displacement of the parts induced by the growth of tumors in their neighborhood. Although the flow of blood was arrested at once, the patient became quite faint, and was obliged to be placed in the horizontal position for a few moments, which is also worth adverting to, as so rarely occurring in the course of surgical operations where the patient is kept up by the stimulus of the ether, and which probably, previous to its introduction, as often occurred from the exhaustion of the system by pain as from the loss of blood. A tooth being removed, the jaw was partially sawn through with a small saw, and the section completed by the cutting forceps. Hitherto no blood had entered the patient's mouth, notwithstanding the profound state of etherization. The tumor was now dissected away from the tongue and soft palate, and being seized by the left hand was depressed, so as to allow the attachment of the temporal muscle to the coranoid process to be cut away with the scissors. The disarticulation was completed by cutting into the articulation from the inside with a knife, care being taken to keep close to the bone and not wound the internal maxillary artery. The only vessel of any size requiring ligature was the inferior maxillary.

The wound was allowed to drain for two or three hours, when it was closed by six or eight points of suture. The patient had scarcely a bad symptom, and the wound was almost entirely healed at the end of a couple of weeks, when he left town.

On making a section of the tumor with the saw, the jaw was found expanded into a shell, the contents being a soft grey matter.

It may be worth mentioning, that in depressing the jaw for disarticulation, although done with great care, the ramus partly gave way in the tumor, against which occurrence, a caution is given in some works on surgery. The facial nerve, and so far as could be ascertained, the parotid duct, seemed to have escaped the incisions, the dissection for the disarticulation of the bone being made, after the tumor was sufficiently free, as far as possible from the inside.

PUNCTURES IN ANASARCA AND ASCITES.

BY EDWARD JENNER COXE, M.D., VISITING PHYSICIAN, CHARITY HOSPITAL, NEW ORLEANS.

[Communicated for the Boston Medical and Surgical Journal.]

MESSRS. EDITORS,—In a former communication to your pages I detailed the particulars of the benefit resulting from a few punctures in the legs, with a lancet, in a case of ascites and anasarca, developed during the progress of a case of confirmed phthisis, attended by unusually severe symptoms, and, contrary to any reasonable ground of hope, terminating in recovery, which has continued. During the past two years, in the wards of the Charity Hospital under my charge, several cases of anasarca and ascites, of different degrees of severity, and resulting from different diseases, have presented themselves, in all of which, by means of a few punctures, all of the fluid has been discharged, gradually, but continuously, without in one instance the occurrence of any unpleasant symptom, and to the clearly felt and expressed comfort of the patient. Not knowing whether this trivial operation—for such an object—is of common occurrence, but judging it is not, from not seeing it noticed in the journals I take, it is fair to presume that these remarks may prove neither uninteresting nor practically valueless. In most of the cases of consumption in which one or both of these conditions existed, my object was, not to indulge the vain hope of an impossible recovery, but to afford that relief which even in desperate cases can be procured, with which, in the treatment of consumption, all must know that our profession is unfortunately forced to be satisfied with. The more general diffusion of the possibility of affording relief in cases where recovery dare not be expected, may possibly be the means of benefiting others similarly situated. There are cases, however, of anasarca, the result of other diseases, in which the relief from so great an evil does give additional power to the recuperative efforts of nature, and the conjoined medicinal treatment, in the efforts to effect a cure.

In a recent case of consumption, presenting all the physical signs and constitutional symptoms clearly marked, and precluding any rational hope of more than palliation, the legs and part of the thighs were so largely increased in size as to prevent the patient getting out of bed to take exercise, which, as far as possible, I encourage or insist on. In this case two small punctures in each leg, and one on the side of each foot, so entirely evacuated, in the course of a week, all of the fluid, that he was enabled to move about a little, and, as he said, to feel more comfortable.

Another case, of an entirely different character, occurred recently in a boy of 8 years, brought into Ward 32, apparently for the sole purpose of dying, it being at once predicted that he could not recover. When brought in, he was perfectly ex-sanguious.

pulse scarcely perceptible, the skin cool, of a dirty-white color, and the lips of a death-like hue. Without fatiguing with a detail of the course pursued, I will merely state that several warm salt water baths, mild remedies to correct derangement of the bowels, wine whey, milk punch, and such tonics as I supposed adapted to the case, were given, and three times daily gentle friction of the whole body and limbs, with the following: a drachm and a half of quinine, a small quantity of diluted sulphuric acid, three ounces of cod-liver oil, one ounce of camphorated oil, and half an ounce of laudanum. The boy improved, to the point of being able to take and digest more nourishment, and also to bear well small doses of the syrup of iodide of iron, syrup of tolu, and iodide of potash. When admitted, there were slight evidences of ascites and anasarca, which slowly increased, and at last became very large, the scrotum being about half the size of his head, and perfectly diaphanous. So painful was one leg, that I was forced to use a strong preparation of the extract of belladonna and sweet oil with which to bathe the part, and also to have it enveloped in rags soaked in it. At last I decided on making *one* puncture with a lancet on the side of one foot, and one on the same leg about two inches above the ankle. The fluid at once began to flow, and continued to do so slowly for about a week, when almost every particle of fluid was discharged, and the scrotum had become as flaccid as a rag. There was no question of the benefit received, there was no appearance of an increased prostration of strength in consequence of the loss of the fluid, and yet, in spite of every exertion and good nursing, he died on the 4th of November, having entered the 26th of September.

MALIGNANT PUSTULE.

[Communicated for the Boston Medical and Surgical Journal.]

F. C., a healthy and robust youth, a farmer by occupation, 19 yrs. old, on Thursday, Sept. 29th, noticed on the left side of his upper lip, a small pimple. The lip soon began to swell, and became red. No pain, but a feeling of numbness was complained of. The following Monday he consulted a physician, who, regarding it as only a boil, prescribed accordingly. The patient grew worse so rapidly next day, that Dr. Boutelle of this place was called in consultation. Struck with the unusual appearance which the disease presented, he desired me to see the patient with him.

At this stage, the lip was very much indurated around where the pimple or pustule had first appeared, and it was swollen to more than double its natural thickness. In the centre there was a considerable depression, as if it had been scooped out, covered over with a very dark-looking scab, from beneath which there issued a thin, ichorous discharge. Encircling it, and upon an indu-

rated margin, was seen a continuous and complete chain of small vesicles, filled with a thin, transparent fluid. The lymphatic vessels on that side of the face appeared extensively involved in the inflammation. The swelling had extended upward, entirely closing the left eye, and embracing the parotidean and submaxillary regions. The tongue was heavily coated, the pulse more than 100 in the minute, and not strong.

We were unanimous in pronouncing it a malignant pustule.

The treatment which was at once instituted, consisted in making a crucial incision through the indurated and central portion, and thoroughly cauterizing it with an iron heated to a white heat. The side of the face was covered with a blister, followed by an emollient poultice. A purge of calomel with bi-carbonate of soda was given. The next day, the patient was put upon the sulphate of quinine, one grain every three hours, and beef-tea occasionally. This treatment was continued. On the fourth or fifth day the patient was considered convalescent, and the visits were discontinued.

It may be well to mention that the family of the patient had a cow affected with some filthy and wasting disease, running at the nose, and abscesses about the neck and throat. They were obliged to kill her in the early part of September.

Waterville, Me., Nov. 1, 1859. J. F. Noyes.

TWO CASES OF UNUSUAL DISCHARGE OF CARBONACEOUS MATTER FROM THE NARES AND INTESTINES.

BY M. BROKE GALLWEY, ESQ., ROYAL ARTILLERY.

The profession is indebted to Dr. Druitt for an able and very practical paper, introduced to its notice in a contemporary journal, on a Morbid Condition of the Nasal Passages; which, while it is a source of great uneasiness, on moral grounds, to the patient, is not unfrequently the occasion of much embarrassment to the physician. There are but few practitioners of any experience who have not been consulted on such cases; and, in the higher walks of life, a young aspirant for favor, consulted for the first time by a refined and fastidious patient, *might* make or mar his fortune, in proportion as he succeeded or failed in his recognition and management of such a case. The first time I encountered ozena myself was in the person of the butler of a capricious but sharp-witted old lady, to whom her favorite domestic had become a personal inconvenience from the ailment in question, and who pressed me very hard for a categorical explanation of the *fons et origo mali* in this case. Having but very lately escaped from the schools, and being but an indifferent match, as a tactitian, for my subtle inquisitor, I unluckily winced, if, indeed, I did not ingenuously admit my ignorance of the case, and fell in consequence fifty per

cent. in the eyes of my tormentor. I say, then, that Dr. Druitt has done good service to medicine and to his junior brethren by his seasonable exposition of a tiresome and embarrassing complaint. I avail myself of the occasion to put on record, very briefly, the details, not of a case in point, but of a remarkable discharge from the nostrils, which lately fell under my notice, and which to myself is as unique as it is anomalous in its nature.

A married lady, having occasion suddenly to use her pocket-handkerchief, discovered the latter to have become the recipient, from both nostrils, of a quantity of dry and intensely black powder, as exactly resembling soot (the term she applied to it herself), or finely levigated charcoal, as any two distinct substances could well resemble each other. This discharge was unpreceded and unattended by coughing, pain, uneasiness, or by any other physical indication of the presence of foreign matter in the nose or throat. *De plus*, it appeared to come from the part, and not from a distance; certainly not from the lungs or bronchial glands, being unpreceded by cough. Moreover, it was not only not suspended in the nasal secretion, but, on the contrary, was deposited on the handkerchief as a dry carbonaceous powder. This curious state of things had presented itself on five several occasions in the course of nine months, and at different periods of the day and night. The subject of it had not been using charcoal as a dentifrice, nor exposed to the fumes of that substance in any way; indeed, on each occasion it occurred in the summer months, and when removed from the influence of fires of every kind. Will Dr. Druitt, or any other physiologist, enlighten us with the rationale of this occurrence? My patient has, from time to time, been much troubled with acne punctata on the external nares, as well as on the back and shoulders. Her temperament is one in which nerve preponderates largely over blood; her age, between thirty-five and forty. Is it possible for the system to disembarrass itself of carbon in excess in a solid form, and by such anomalous outlets as the nose; the mucous membrane, in this direction, becoming vicarious to the ordinary channels that discharge this element from the body?

Although not falling legitimately within the same category of morbid changes, I shall avail myself of the opportunity also to record a case of deposit of a sooty discharge from the vessels of another mucous membrane, at a considerable distance from the foregoing. I had administered but a single three-grain dose of the ammoniated citrate of iron to a married lady, aged about forty-five, when I was summoned, the morning after, in great alarm, to account for a sudden and enormous discharge from the bowels of what she described to me as soot, and which she had preserved for my inspection. On examining the vessel into which it had been passed, I was not a little surprised to find its interior besmeared throughout with what exactly resembled soot to the eye,

a quantity of the same being suspended in a watery alvine evacuation with which it had come away; the patient having been for some time under my hands for diarrhœa, connected with an atonic state of the chylopoietic functions, and, I may say, of the general system at large. The influence of iron in blackening the stools being so very different, in general, from that exercised in the present case, and operating only, in my own experience, after an interval of some days, I did not at first suspect this medicine of being chargeable with the results before me—the less so, when I reflected upon the insignificance of the quantity my patient had taken (a single dose)—and accordingly desired her to persist in the use of the remedy; with the result, however, of augmented discharges of the same material. She then abandoned the medicine, and the sooty dejection began to disappear, although not until after an interval of two or three days subsequent to its disuse. Has this singular effect of iron been witnessed before? and is it peculiar to the form in which I prescribed it? For twenty years I have prescribed the remedy pretty largely, but never with similar results before, or indeed with any other than a general blackening of the intestinal excreta. In the present case, the carbonaceous deposit diffused itself throughout the sides and bottom of the containing vessel, and was suspended on the surface of its contents, rather than intermixed with the body of the latter.

Although selecting ozena as the text for my present paper, I shall venture very briefly to introduce another subject into it—not to trespass unnecessarily upon the crowded pages of *The Lancet* with a second contribution.

While penning the foregoing few observations, the discussion at the Medical Society of London upon some cases of sudden severe pain in the great toe, succeeded immediately afterwards by ecchymosis, more or less extensive, up the corresponding foot, has met my eye in the pages of the periodicals. I desire to add to the cases adduced on that occasion by different speakers, the following, which came under my notice:—

A married lady, of nervous temperament and feeble circulation, while sitting at dinner, on an intensely cold day, observed the back of one of her hands *suddenly* to become discolored over an area of about three inches, the discoloration continuing to extend as she fixed her attention upon the part. Her hand had not sustained any violence, nor was there any departure whatever from her customary state of health beyond the somewhat severe invasion of chilblains upon the feet. The back of her hand presented much the appearance of a severe bruise, save that the bluish-black appearance was not relieved by the usual variegated tinting of that condition. Neither pain nor tenderness preceded, accompanied, or followed it. In a fortnight it had disappeared.—*Lon. Lancet.*

Reports of Medical Societies.

EXTRACTS FROM THE RECORDS OF THE BOSTON SOCIETY FOR MEDICAL IMPROVEMENT. BY F. E. OLIVER, M.D., SECRETARY.

Sept. 12th.—*"Wakley's Operation" for Necrosis of the Astragalus and Os Calcis.* Dr. Cabot showed the bones, which he had removed from the foot and ankle of a man for necrosis, by a modification of the operation proposed by Mr. Wakley, performed in the following manner. The first incision extended from one malleolus to the other, perpendicularly underneath the foot. The second incision, between the same points, was directed obliquely backward, its lowest part being a little in front of the lower extremity of the os calcis. The flap included between these incisions was then dissected away from the inner side, so that the posterior tibial artery was preserved. The tendo-Achillis was next divided, and the os calcis drawn out with forceps, assisted by a few touches of the knife. About an inch of the lower extremity of the fibula, which was diseased, was then removed, and the astragalus was drawn out in the same manner as the os calcis. Lastly, the tibia was shortened, to correspond in length with the fibula.

The peculiarity of the operation, as done by Dr. Cabot, consisted in the preservation of the posterior tibial artery, which Mr. Wakley says must be sacrificed. The external plantar was the only artery of any account that was divided. Both ends were tied, and one other small vessel required a ligature. The patient was doing well.

Nov. 14th.—*Fibrous Tumor of the Uterus.* Dr. Minot showed a fibrous tumor, of the size and shape of a small hen's egg, the interest of which consisted in the fact that it followed closely another, previously removed from the uterus. The patient was a widow, 35 years of age, who had had uterine hæmorrhage for six months, and at the time of her entrance to the Hospital was so reduced as to be unable to stand without fainting. A tumor of the size of a horse-chestnut was found occupying the lower portion and cervix of the uterus. This was drawn down with hooks, and cut off close to the uterine walls. Ten days afterward, a second tumor was discovered, occupying precisely the situation of the first, but considerably larger, and with a narrower pedicle; this was also removed in the same way. No hæmorrhage of any consequence followed either operation, nor has any occurred since. The two portions had evidently originally been united.

Nov. 14th.—*Disease of the Heart; Hemiplegia and Death from Emboli.* Dr. Ellis showed a heart from a patient of Dr. G. Hay. She was a girl, 11 years old, who had had acute rheumatism at the age of 2 years, and an occasional recurrence of the disease since that time, and since then cardiac symptoms. She had a loud systolic murmur at the apex, with pain in the region of the heart, palpitation and dyspnœa. Three weeks before death she had a fresh rheumatic attack. Ten days before her death she was suddenly attacked with hemiplegia of the left side, and a short time before death she had a convulsion.

At the autopsy there was found more serum than usual beneath the arachnoid and in the lateral ventricles. In one of the sulci near the superior surface of the left hemisphere, was a small bloodvessel, which contained a minute, reddish, rounded body, resembling the granulations so often met with upon the valves of the heart. The greater

portion of the middle and posterior parts of the right hemisphere was quite soft. This softening was most marked in the corpus striatum and adjacent convolutions upon the lateral and inferior surface. Both of these parts were also of a yellow color, and evidently infiltrated with pus. The two principal branches of the middle cerebral artery were completely obstructed by a soft, blackish, or purulent-looking material, but it did not adhere to the walls, and its general appearance was not such as would be expected in coagula formed within the vessel. A small quantity of cretaceous matter was also found. The vessel, beyond the point of obstruction, appeared empty, and the walls had undergone no change anywhere. Brain in other respects normal.

On examining with a microscope the softened portion of the brain, fragments of cerebral substance were seen, and in the yellow parts corpuscles filled with minute globules (the so-called inflammation corpuscles).

Heart larger than usual. Weight, 7 ounces. The hypertrophy was most marked in the walls of the left auricle. The chordæ tendineæ of the anterior segment of the mitral valve were cut off as by ulceration from the fleshy column to which they were attached, and were covered with minute vegetations, which occupied the adjacent portions of the valve, and extended upward into the auricle, where their attachment was so slight that the force of the current of blood would apparently be sufficient to remove them. No cretaceous matter was found, but care was taken not to destroy the vegetations, which may have contained some.

Some fluid in both pleural cavities.

The lungs had a peculiar, dense, somewhat carnified look, but the cut surface was smooth, and did not resemble at all that seen in pneumonia.

Although no cretaceous matter was found in the heart, like that which occupied the cerebral artery, and although it could not be proved that the material filling the vessel was precisely the same as that upon the valve, the history of the case resembles, in every respect, that of others reported in foreign journals, in which the *post-mortem* appearances were essentially the same as those mentioned above. We may therefore assume that the diagnosis made by Dr. Hay before the examination was fully confirmed by it.

EXTRACTS FROM THE RECORDS OF THE PROVIDENCE MEDICAL ASSOCIATION. BY E. A. CRANE, M.D., SECRETARY.

Aug. 1st, 1859.—*Rupture of the Duodenum.* Dr. Ely reported the following case.

A. B., an American, æt. 50, of a muscular habit, while partially intoxicated, was thrown from a dray. The accident occurred about 2 o'clock, P.M. During the evening, Dr E. saw the patient for the first time. He found a comminuted fracture of the fore-arm. The patient appeared considerably depressed--skin pale and cool, pulse 96, small and weak. He complained of pain in the left lumbar region. No external injury was apparent. Prescribed carb. ammoniæ. Two hours after, he saw him again. Depression more marked—pulse weaker and increased in frequency; he had vomited several times. The man had evidently received some serious injury—its precise na-

ture was obscure. During the night he continued to sink, and died on the following morning.

Post Mortem.—No external injuries apparent. Slight tympanitis. On making the section, considerable effusion was found in the abdominal cavity. Pus was detected, mingled with the effused fluids. On raising up the intestines, an opening was found in the duodenum, communicating with the cavity of the abdomen. It was situated near the commencement of the jejunum, and was large enough to admit the extremity of a finger. There was slight ecchymosis on the inner surface of the intestine; on the peritoneal surface there was some roughening and exudation of plastic matter. Indeed, from a similar roughening of the abdominal peritoneum, an attempt to unite the opposing surfaces had apparently been made. The remaining viscera were healthy.

We have since been informed that, a week before the death of this man, he had received a fall, from which he had complained of pain in the left lumbar region. The rent in the duodenum might have been caused by the first accident, an attempt at repair being instituted during the following week, which had proved successful but for the second fall.

Noticing in the JOURN'L of the 13th ult., an article entitled "Case of Suspected Malignant Pustule," we are induced to give the following case, as reported by Dr. COLLINS before the Association at the March meeting.

The patient was a man, æt. 33, vigorous, and of tolerably good habits. On Saturday, a pimple made its appearance on the lower lip, near the right corner of the mouth. The week previous he had a similar pimple on his lip, which had disappeared. During this and the following day, he complained of not feeling well—thought he had taken cold. Sunday evening he had a chill, and passed a restless night. Monday, kept in the house, but, feeling no better, at 1 o'clock sent for Dr. C. Up to this time the local trouble had been so slight as to cause him little uneasiness or concern. Dr. C. found the patient sitting up—his face flushed, skin hot, pulse 100. There was a small yellowish scale on the lip, such as is seen in herpes labialis. Beneath the scale there was a little blueness—not amounting to lividity. Nothing malignant was suspected. Ordered a foot-bath, Dover's powder, with a little James's powder.

Tuesday morning, the swelling had extended considerably. The pustule seemed livid, and the inside of the lip, opposite, blue, fading into a dark red, which covered the whole inner surface of the lower lip. Ordered a poultice to the lip, and quinine.

Wednesday, having met the Drs. Miller in consultation, after etherizing the patient, the actual cautery was applied to the diseased surface. Prescribed quinine, beef-tea, wine-whey; the common water dressing to be used locally.

Thursday, had passed a restless night, but had complained of little pain. Pulse 112–116. Complained of distress in chest, which had increased during the morning. Respiration weak. On examining the chest, mucous rales were heard. Prescribed wild indigo poultice in place of water dressing. Mustard to chest. Opium pill. At 8 o'clock, P.M., the distress had increased. Pulse more feeble. Some perspiration. The cauterized part seemed dark, as if about to slough. Gave a dose of morphine.

Friday, had passed a bad night, with subsultus tendinum. Profuse perspiration. Pulse 125–130, small and rapid. Face no more swollen. Mind quite clear. Ordered stimulants—carb. ammoniæ, gin. He continued to grow weaker, but was perfectly conscious till half past 3, P.M., when he died.

Dr. C. thought that in another case he should use free incision in preference to cauterizing; that the ether was objectionable, as there appeared to be a tendency to secondary affection of the lungs.

[Is there no danger of explosion from the contact of red hot iron with the mouth of a patient who is etherized?—Eds. Journal.]

THE BOSTON MEDICAL AND SURGICAL JOURNAL.

BOSTON, DECEMBER 1, 1859.

Physicians' Certificates of Causes of Death.—We are glad to see that the attention of the Legislature has been directed to the subject of the necessity for accuracy in the returns of the causes of death made to town clerks and registrars. The chapter on the registry and returns of births, deaths and marriages, of the Revised Statutes, came up for consideration a few days since, and among other alterations the following new section was reported:

"Any physician having attended a person during his last illness, shall, within fifteen days after the decease of such person, furnish to the city registrar, or town clerk of the city or town, for registration, a certificate of the duration of the last sickness, the disease of which the person died, and the date of his decease, as near as he can state the same. If any person refuses or neglects to make such certificate, he shall forfeit and pay the sum of *ten dollars* to the use of the town in which he resides."

This section is objectionable in some of its features, and though better than no law on the subject, will, we trust, be modified before its adoption. It would be far better that the undertaker should apply to the attending physician, in a case of death, for the name of the disease. A large number of the sick, from their inability to pay, are attended gratuitously by physicians, and it is unreasonable to demand any additional expenditure of time and labor from the latter, after the patient is dead. In many cases the physician resides at a considerable distance from the registrar or town clerk—in the country it may be several miles—and the law compelling him to go to the officer in order to record the cause of death, under a penalty of ten dollars, in a case where he has for a long time rendered his professional services, and perhaps supplied medicines, without pay, would be so oppressive that there would be no difficulty in evading it. It would be hard to find a jury who would convict a faithful and benevolent practitioner for non-compliance with the statute under such circumstances.

In the State of Rhode Island, to which we have so often alluded in this connection, the undertaker is obliged to furnish the physician with a certificate, containing blanks for the date of death, the name of the deceased, the disease, both primary and secondary, and the

duration of the disease. To fill out these blanks and sign the certificate require but a very few minutes, and no physician would refuse to do it. We believe that no inconvenience has been complained of in Rhode Island, and the returns of that State, in this particular, are supposed to be remarkably accurate. The same method of obtaining the returns of causes of death is employed in the city of Lowell, by an ordinance of the city government, and we understand that it also works well there.

We doubt whether so large a fine as *ten dollars* could be easily collected, in cases of non-compliance, supposing the statute to be free from objections in other respects. There is always the danger, in making the penalty disproportioned to the offence, that it cannot be exacted. Half that amount, or even less, would make the law more efficient.

We have heard the objection raised to any statute on this subject, that oftentimes the physician himself cannot tell what disease the patient died of. But surely in any doubtful or obscure case he would be much better authority than any one else. The law only designs that he shall tell according to the best of his ability, and if it be really impossible to assign any probable cause, it would be much better to call it "unknown," than to adopt the name of any disease which the friends or by-standers might fancy.

Newspaper Reports of Medical Meetings.—Some of our readers may recollect that an effort was made, some two years since, to exclude reporters of the public press from the meetings of the New York Academy of Medicine. The effort was entirely unsuccessful, the whole Academy, with the honorable exception of Dr. J. G. Adams, being apparently terrified by a paragraph in the *New York Times* into hushing up the matter. We were then, as we still are, entirely unable to account for the action of the Academy. An insulting paragraph in the *Times* would have been a sufficient reason, one would think, for excluding the reporters of that paper, at least, from the meetings. The profession must be in a lamentable state in New York, if it not only appeals to the public through the columns of a daily newspaper, but tamely submits to abuse from that same paper.

Lately another attempt has been made, by Dr. Griscom, to exclude all reporters except those who represent the medical press. He thought the Academy should be a privileged body, and that whatever was stated there should be confidential, and said that many of the best men in the Academy would not attend the meetings, lest their speeches should be reported in the newspapers. Dr. Griscom was answered by Dr. J. McNulty, who feared that any such attempt would be *regarded as an insult by the reporters*, and remarked that the press was quite as sensitive with regard to its professional honor as the doctors! This is really amusing. A scientific association is obliged to submit to the intrusion of reporters for daily papers, because their exclusion would be considered as insulting to them!

What appears strangest of all, is that the President, Dr. Watson, not only advocated the printing of the transactions of the Academy in the daily newspapers, but highly complimented the *New York Times*, which two years since published the following paragraph; we have re-printed it once before, but it is worth repeating.

"Unless the times mellow, we shall have the whole Academy of

Medicine drawn up, with hat in hand on the steps of the hospital, and if they hang on their own breasts the improved signboard, 'I am poor and blind to my own interests,' the people will give them credit for telling the truth. For at their last meeting a silly fellow moved, and the Academy entertained the motion, that its proceedings be forbidden to the reporters—never suspecting, what all sensible men know, that if the daily press should let them alone in their stupidity, they would tumble forthwith into such a bottomless pit of oblivion, that the oldest fogy in the Historical Society could not remember they ever slept and did nothing above ground."

Is it for this, we wonder, that President Watson highly complimented the *Times*, claiming that the reporters were, many of them, men of culture, and that it would be impossible, and exceedingly impolitic for the members of the Academy to stand on their dignity as professional men, and defy the Press?

We are not aware that the scientific proceedings of medical societies are regularly published in the daily papers in any other city in the world except New York. The impropriety of the thing is obvious. The subjects of discussion are frequently such as are not suitable for the public eye, and especially for the perusal of females and children; the public, incapable of judging accurately in such matters, are often led into extravagant and erroneous ideas on medical subjects, especially in times of alarm from the prevalence of fatal diseases; gentlemen must often be debarred from reporting unsuccessful cases, often the most instructive, if they are to appear in the columns of a public newspaper; and finally the whole thing is an appeal to the public, in other words, quackery, and we wonder that respectable medical men should stand in such awe of the "Press" as to submit to it. We presume the result will be that those members who desire to meet for medical improvement will desert the Academy and frequent other societies whose proceedings are only reported in regular medical journals.

New Method of Operating for Vesico-Vaginal Fistula.—We have had an opportunity of examining a very ingenious instrument, invented by Dr. Battey, of Rome, Ga., for simplifying the operation for vesico-vaginal fistula, based upon the principle that adhesive inflammation between the raw surfaces is most apt to take place where they are maintained in such firm contact as to completely exclude the urine. It consists of a small bar of lead, corresponding in length to the fistula, perforated with holes, and furnished with slits or notches, corresponding to the holes. Silver wire sutures having been passed through the edges to be united, their upper ends are then made to traverse the holes in the bar, and are secured by clamped shot. The bar corresponds to the upper margin of the fistula. The lower ends of the wires are then fastened to the bar by being carried through the slits, and secured by shot, or by twisting them and the upper ends (left long for this purpose) together. Thus the edges of the fistula are held securely in contact.

The advantages claimed by Dr. Battey for this method are:

1. The action of the compress upon the line of union more efficiently excludes the urine.

2. The compress directly hastens adhesive union by bringing the surfaces in more firm and even contact.

3. The certainty given to the operation by enabling the operator

to view his work from first to last, avoiding all doubt as to the proper and entire coaptation of surfaces.

4. The power of the apparatus to bring down the vagina, and close the opening when the tissues are rigid, and this without danger of cutting out.

5. The action of the splint in keeping the parts at rest, avoiding the possibility of urine being drawn through by capillary force, and affording a smooth, even surface upon which the cicatrix is to be formed.

6. The splint aids the operator greatly by keeping the wires strung in regular order, and out of his way—an item of practical value appreciated by one who has had to deal with a bundle of loose threads where many sutures are required.

HEALTH OF THE CITY.—The number of deaths of males and females, last week, was exactly equal. The deaths from consumption were also equally divided between the two sexes, the whole number being small, and all between 20 and 40 years of age. The deaths from diseases of the heart were all males. The deaths from smallpox were 4 males, aged 16 months, 13, 21 and 22 years, and one female of 15 months. We notice 7 deaths from unknown diseases. The total number of deaths for the corresponding week of 1858 was 69, of which 18 were from consumption, 5 from pneumonia, 3 from scarlatina, 4 from typhoid fever, 0 from smallpox, 3 from disease of heart and 3 from unknown diseases.

BIRTHS, DEATHS AND MARRIAGES IN ENGLAND.—The Registrar-General has issued his quarterly report of the marriages, births and deaths, registered in England during the last quarter. 84,090 persons married in the quarter that ended on June 30, or 4272 in excess of the numbers who married in the corresponding quarter of last year. The births of 168,311 children were registered in the quarter that ended on September 30. The number is 10,862 in excess of the births of the corresponding quarter of last year. 63,972 was the excess of the number of births over the number of deaths, and that was, therefore, the natural increase of the population of England and Wales in 92 days. On an average 695 were added to the population daily, and the probable daily increase of the population of the United Kingdom was 1042, which, at the ordinary rates of mortality, will supply 347 men daily of the age of 20. 104,339 persons died in the last quarter. This number is 6079 in excess of the deaths, 98,260, in the corresponding quarter of last year.

LITHOTRITIC IMPROVEMENTS.—M. Guillon, already known by the ingenious instruments he has devised for the operation of breaking the stone in the bladder, has just sent to the Academy of Sciences of Paris a lithotrite which he calls "the cutting lithotrite, acting by a lever." With this instrument, which easily cuts marble into fragments, a stone three inches in diameter can be quickly broken in one sitting, and reduced to powder in one or two others, of four or five minutes each, with another instrument called "the pulverizing lithotrite." M. Guillon contends that he has realized the wish expressed by Dupuytren in 1833, in a report to the Academy, as, by his (M. Guillon's) "lithotrites, acting by a lever, without any forcing apparatus, and by mere pressure, a stone may be broken in the bladder in one or two sittings of five minutes each; which operation, with other lithotrites, would have required from ten to twenty sittings of similar duration." The inventor requests the Academy to give him a twelvemonth for the collection of a sufficient number of facts.—*London Lancet.*

Books and Pamphlets Received.—Transactions of the New Hampshire Medical Society.—Ancient Marriages of Consanguinity. By Isaac Casselberry, M.D., of Evansville, Indiana.

Deaths in Boston for the week ending Saturday noon, November 26th, 66. Males, 33—Females, 33.—Accident, 1—apoplexy, 1—inflammation of the brain. 1—cancer, 2—cancroid thickening of the colon. 1—consumption, 12—cholera infantum, 1—croup, 2—dropsy (ovarian), 1—dropsy in the head, 1—debility, 1—puerperal disease, 1—scarlet fever, 4—typhoid fever, 3—gastritis, 1—disease of the heart, 4—intemperance, 2—inflammation of the lungs, 2—disease of the liver, 2—marasmus, 1—palsy, 1—pleurisy, 1—rheumatism. 1—disease of the spine, 1—scrofula, 2—smallpox, 5—teething, 1—thrush, 2—unknown, 7—whooping cough, 1.

Under 5 years, 25—between 5 and 20 years, 4—between 20 and 40 years, 18—between 40 and 60 years, 12—above 60 years, 7. Born in the United States, 42—Ireland, 17—other places, 7.